

RATING / EVALUATION FORM – DESIGN PLAN PROCESS

Project Coordinator: _____ ATTN: _____

Date: _____ Operations Div. Chief: _____

Hydraulics Unit Supv.: _____

RFL Date: _____ Land Acq. Div. Chief: _____

Design Div. Section Mgr.: _____

Consultant: _____

Route: _____ Des. No.: _____ Proj. Manager: _____

Description: _____

District: _____ Work Type: _____

Structure No.: _____ CN Project No.: _____

TYPE OF REVIEW

Grade/Str. Size : _____

Hydraulics : _____

Prel./Final Field Check : _____

Design Summary : _____

Hearing Plans : _____

R/W Plans/Tracings : _____

Prel. Plan Final Appr. : _____

Signing/Lighting Plans : _____

Final Plans/Tracings : _____

Inspection Report : _____

Preliminary Plans : _____

REVIEWERS' RATING ITEMS

Design Concept : _____ : _____

Critical Design Elements : _____ : _____

Calculations (Hydraulics & : _____ : _____

Bridge Rehabilitation Review Only)

Plan/Report Quality : _____ : _____

Engineering Judgment : _____ : _____

(Bridge Rehab. Review Only)

Documentation of Work : _____ : _____

Env. Mitigation/Permit Comp. : _____ : _____

Procedure/Standard Comp. : _____ : _____

Quality Assurance : _____ : _____

Cooperation : _____ : _____

Hearing: Advertise Schedule (Click On One)

INCLUDED ARE: (Click On Boxes Which Apply)

Markup of: _____

Plans As Sent to Traffic:

Computations: Disk:

Cost Est.: Spl. Prov.

Quantities: X-Secs.

Q.A. Form: Scope/Env./Permit Form:

Other: _____

COORDINATOR'S RATING ITEMS

Scheduling : _____ : _____

Procedure Compliance : _____ : _____

5 = Excellent, 4 = Good, 3 = Marginal
2 = Poor, 1 = Unsatisfactory

Request Plans For: _____, the next submittal.

Are the Revisions Major? Yes No (Click On One)

Reviewer's Signature: _____ Date: _____

Reviewer's Telephone No.: _____